For Washington State Nursing Home staff

From Residential Care Services, Aging and Disability Services
Department of Social & Health Services

Volume 2, Issue 1

our mascot:
Cousin IT

"This is I.T." Newsletter

Info and Tips from the MDS-WA Office—*Clinical stuff, Computer stuff, Reports 'n stuff, and other STUFF!*
By Marge Ray and Shirley Stirling, State of WA, DSHS

A Fall in Autumn

Hearing the word "autumn" brings up visions of school buses, yellow, orange and red leaves on the trees or on the ground, pumpkins, harvest time and the feel of cooler crisp temperatures.

However, if you substitute the word, "fall" some people will see a different picture that may not be so pleasant; "the fall" becomes "a fall".

One of the greatest fears we face as we get older is the fear of falling and breaking something. For elders living in nursing homes, falls are a leading cause of morbidity (disease/illness) and mortality (death). Let's take a look at how the MDS handles this issue.

Section J - Falls are reported in Section J-Health Conditions, item 4-Accidents. See *RAI User's Manual chapter 3 pages 145-147.*

Intent - The intent of the item is to determine the resident's risk of future falls or injuries as residents who have had at least one fall are at risk for future falls.

Definition of Falls - The definition of falls includes 5 separate areas of assessment:

a) Fell in the past 30 days,
b) Fell in the past 31-180 days,
c) Hip fracture (any cause) in the last 180 days,
d) Other fracture (any cause) in the last 180 days, and
e) None of the above.

Coding Falls - The process for coding these items for a new admission requires consultation with the resident, the resident's family or significant other, and a review of transfer documents. Any falls or fractures that occurred during the specific look-back periods will be coded on the MDS, even if they happened before admission to the nursing home. For current residents, coding J4 requires consultation with the resident, the resident's family, facility staff and a review of resident records including chart documentation and facility incident reports. Residents may not have reported situations such as "tripping" or "losing my balance" or "I just sat down on the floor" to anyone thus relying solely on clinical records or incident reports may not provide the entire story.

Happy 1st Birthday to "I.T."

Marge

Shirley

It was one year ago that we launched our newsletter and the response has been quite positive. We will continue to bring you "news you can use" as it relates to MDS issues.

This year we will continue to highlight specific clinical as well as automation issues but will also begin to introduce you to the revised MDS 3.0 which is scheduled to be implemented on October 1, 2009.

If you have any specific MDS issues that you would like to see us cover, please let us know. Thank you all for the hard work you do every day to provide care and services for our nursing home residents.

Best Wishes, Marge & Shirley

If facility staff does not understand the MDS criteria for falls, they may not know to report them or to document the incidents in the record.

When that happens, falls can go unreported which can lead to failure to properly assess and care plan thus placing the resident at greater risk for falls in the future.

Our goal...

Our goal is to help you accurately assess, code, and transmit the MDS.

Accurate assessment forms a solid foundation for individualized care to help residents achieve their highest level of well-being.
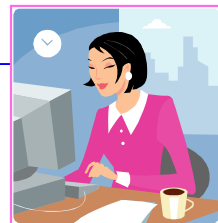
Rumor Mill... Yes, the rumors are true…MDS 3.0 is coming and is on schedule for implementation October 1, 2009.

Connecting the MDS dots...

There is a relationship between items on the MDS. A certain response to one item often leads to additional evaluation of another item in separate, but related clinical areas. This is true of several items in J4. If J4a or J4b are checked (a fall happened) then you should review the following MDS items:

• E4aA-Wandering. This item is a trigger for the Falls RAP (Resident Assessment Protocol) and will focus on looking at the safety of the resident's environment.

• O4b-Use of anti-anxiety drugs or O4c-Use of anti-depressant drugs. Both classifications of medication put residents at risk for falls due to their side effects. Be sure the drugs have been accurately coded by their pharmacological classification not their use.

P4c-Trunk Restraint. This item is also a trigger for the Falls RAP. Determine if the use of the restraint contributed to the fall either by causing a functional decline or by increasing resident agitation.

The RAPS are found in Appendix C of the RAI User's Manual.

Remember that falls have many underlying causes. Until the cause is identified, residents continue to be at risk for future falls.

Let's work to keep "fall" synonymous with "autumn" and not with injury.

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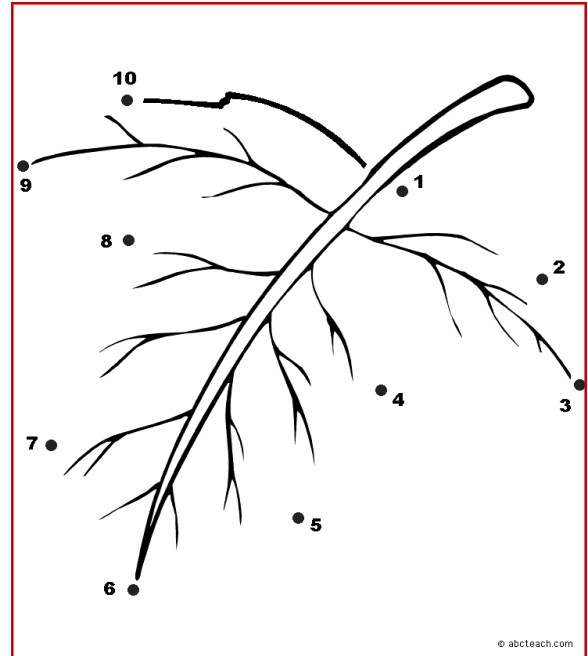
Q2IT

Answers on Falls
Tips from the Treasure Trove

Questions to I.T. (Q2 IT) on Falls...

1. What if a fall is 'caught' in time?

An intercepted fall is still coded as a fall. A person who loses their balance and staff "catch them" before they go to the floor or to the chair is still coded as having a fall.

2. What about a fall with NO injury?

A fall without an injury is still coded as a fall. Injuries are not part of determining whether or not a fall happened.

3. Is a short fall still a fall?

Distance of the fall is not a factor for coding. Rolling off of a low bed or from a mattress that is close to the floor is still considered a fall.

4. What if no one sees the fall?

When a resident is found on the floor and there is no evidence of how they got there, the most logical conclusion is that a fall occurred.. Facilities must investigate these types of situations to determine how residents got there and then develop strategies to keep it from happening again.

5. Why is the correct coding of J4 important?

• Accurate MDS data will help you **identify and communicate actual and potential problems** so that care planning can be done to minimize injury and prevent future falls. When MDS data is not correct, there is a potential that problems do not get identified and interventions are not appropriate to help residents reach their highest practicable level of well-being

• Falls may be an indicator of **functional decline** and the development of other serious conditions such as delirium, adverse drug reactions, dehydration and infections. Looking at the resident's environment, use of devices and/or restraints and evaluating possible side effects of medications will help you identify specific risk factors.

• Data from **J4 is also used to calculate two Quality Indicators: 1) 1.1 Incidence of New Fractures, and 2) 1.2 Prevalence of Falls.** If the MDS is not coded correctly, the data used to calculate the Quality Indicators is suspect and will produce an inaccurate picture of facility performance.

State-by-State QM/QI Report percentages for Falls

How do Washington State nursing homes score in terms of 'Fall' incidence?

On the public Internet you will find a federal report called **MDS Quality Measure/Indicator (QM/QI) Report**.

This report lists, by state, the average percentage of nursing home residents who activate (trigger) one of 30 quality measures/indicators (34 with subcategories) during a calendar year quarter.   Each state is listed with percentage.

One of these 30 items is 'Accidents', which include 'Incidence of New Fractures' and 'Prevalence of Falls'.

In Washington State, the most recent report shows new fractures on the target assessment are 1.7%, while the national average is 1.5%. States range from 0% to 2.6%. 14.5% Washington State Residents have fallen within the past 30 days*, while

the national average 13.1%. States range all the way from 0% to 44.4%. *Source: MDS National Quality Indicator System, Qtr1-08.*

Be cautious in making state comparisons. Falls noted in MDS assessments are "within 30 days" and some residents were not residing in the facility during that entire period. Depending on the incident, falls may have occurred in the current facility, at home, hospital or in another prior setting.

Also, high or low percentages may be the result of many factors.

Variation <u>may</u> indicate differences in quality of care, but other reasons may include geographic differences in patterns of care.

For instance, due to the high number of elderly receiving long term care in home and community based services in Washington State, we appear to have residents that are more frail and ill than in many other states.

See these WA State percentages:

Date	New Fx	Falls
Qtr1-2007	2.5	15.0
Qtr2-2007	2.7	14.9
Qtr3-2007	2.7	14.0
Qtr4-2007	1.7	14.8
Qtr1-2008	1.7	14.5

Go to the "**State Percentages**" link below for more info and go to the bottom of the screen to select a quarter and year.

State Percentages: http://www.cms.hhs.gov/MDSPubQIandResRep/02_qmreport.asp#TopOfPage

QM/QI Reports show Prevalence of Falls

QM/QI Report

New Fractures and Prevalence of Falls are the first two items listed on this report. These are just two of the total Chronic and Post-Acute measures with the numerators (residents who triggered the item), denominators (those who could have triggered), facility percentages, state averages, national averages, and state percentile.

This report is part of the QM/QI package which gives you both data on individual residents as well as this roll-up data.

In addition to the QM/QI package, facilities have access in CASPER to OTHER reports that give feedback on fractures, falls, and the other QM/QI items.   Go into CASPER and find these little

gems. They can help you improve resident care.

Monthly Comparison Report

This report is a simplified version of the QM/QI report. It displays just the facility percentage for each measure, followed by the state percentage, and national percentage.

Monthly Trend Report

The Monthly Trend report charts incidence of each measure graphically over a default of 6-months and lists the selected measure in 5 other prior time periods. You must print up each measure as a separate report. In addition to reviewing your facility numbers, you can also see on the graph, and in the text, a comparison with the other facilities within the state and with the national average.
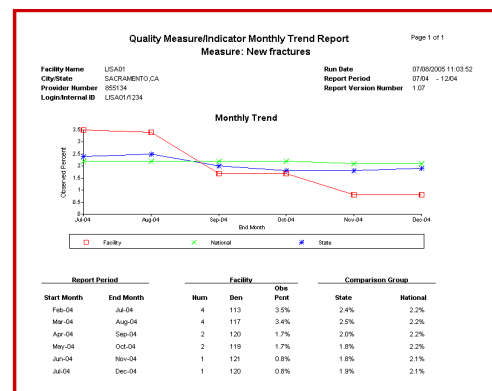
Example—QM/QI Monthly Trend Report

This can be helpful in seeing trends and monitoring improvement. For instance, when you are looking at falls, you can see how the numbers have changed in your facility over time.

These reports cover, by default, a recent 6 month period: Reports run in September cover Jan-01 through June-30. The time lag built into all of the QM/QI reports allows MDS corrections to be transmitted before the percentages are calculated.

For Washington State Nursing Home Staff... A newsletter from Residential Care Services Of Aging & Disability

State of WA NH web sites

MDS Clinical web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Clinical/

MDS Automation web page
http://www.adsa.dshs.wa.gov/Professional/MDS/Automation/

NH Rates web page
http://www.adsa.dshs.wa.gov/professional/rates/

Casemix web page
http://www.adsa.dshs.wa.gov/professional/CaseMix/

"Dear Administrator " web page
http://www.ADSA.dshs.wa.gov/professional/letters/nh/2008/

MDS Rumors...

Yes, the rumors are true…MDS 3.0 is coming and is on schedule for October 1, 2009. This past summer the final report from the federal contractors, RAND as well as a MDS 2.0 to MDS 3.0 cross walk was posted at.

http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp#TopOfPage

CMS hopes to publish draft data specifications in October. The data specifications from the foundation of the MDS 3.0 database structure and will include the identification of data elements, data fields and file names. The draft will include all potential 3.0 MDS items and their values. **Nothing is final at this time, all is draft.**

ADSA on the Web!

http://www.adsa.dshs.wa.gov/Professional/

Flu Season

Question: When does the Flu Season of 2008-2009 start in MDS?
Answer: Whenever the vaccine is made available to the public!

The MDS begin date for flu season has changed per the July 2008 update, **but coding W2 has not**. W2 is still an active MDS item October 1 through June 30. Code it with the date of October 1 through June 30, as appropriate. This item must be used with all residents and for all assessment types (OBRA and/or PPS) that have an A3a date of 10/01/08 through 6/30/09.

Also, it is required that you include this information on all discharge tracking forms with discharge dates of 10/01/08 - 6/30/09.

Achoo!

Computer Corner— NH Compare for Consumers

Did you know...
that there is a Internet website for consumers to use in choosing a nursing home?

It is a national web site and is called **Nursing Home Compare.** It is an online resource that provides information on performance of all nursing homes that are Medicare or Medicaid certified in all states and territories of the United States of America.

The public can get data to help evaluate a nursing home, including nursing home characteristics (such as number of beds and type of ownership), performance scores on quality measures (such as the percent of residents who have bed sores, infections or

pain), results of health, safety and fire inspection reports, and the hours worked by nursing home aids and nurses per resident per day at each facility. Nursing Home Compare does not include the results of any complaint investigations conducted by state inspectors.

At www.medicare.gov/NHCompare select nursing homes by name or geographic area. You can select up to ten nursing homes to compare at one time. Nursing home history goes back three years. Experiment by clicking on all the various links that you see on this website. It is amazing all the information you can find in nooks and crannies... if only you click and look!